

TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 4 Attorney Docket Number 022101-000800US

Application Number 09/530,929

Filing Date May 4, 2000

First Named Inventor KESSLER, Christoph

Art Unit 1634

Examiner Name Bradley L. Sisson

AE  
DAS

## ENCLOSURES (Check all that apply)

 Fee Transmittal Form-in duplicate  
 Fee Attached Amendment/Reply  
 After Final  
 Affidavits/declaration(s) Extension of Time Request- 3 mo.  
per accompanying Fee Transmittal Express Abandonment Request  
 Information Disclosure Statement Certified Copy of Priority  
Document(s) Reply to Missing Parts/ Incomplete  
Application  
 Reply to Missing Parts  
under 37 CFR 1.52 or 1.53 Drawing(s)  
 Licensing-related Papers  
 Petition  
 Petition to Convert to a  
Provisional Application  
 Power of Attorney, Revocation  
Change of Correspondence Address  
 Terminal Disclaimer  
 Request for Refund  
 CD, Number of CD(s) \_\_\_\_\_  
 Landscape Table on CD After Allowance Communication to TC  
 Appeal Communication to Board  
of Appeals and Interferences  
 Appeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)  
 Proprietary Information  
 Status Letter  
 Other Enclosure(s) (please identify  
below):  
Return PostcardRemarks The Commissioner is authorized to charge any additional fees to Deposit  
Account 20-1430.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name Townsend and Townsend and Crew LLP

Signature

Printed name Jean M. Lockyer, Ph.D.

Date November 18, 2004 Reg. No. 44,879

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name Malinda C. Dagit

Date 18 Nov. 2004



# FEET TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 1320

Complete if Known	
Application Number	09/530,929
Filing Date	May 4, 2000
First Named Inventor	KESSLER, Christoph
Examiner Name	Bradley L. Sisson
Art Unit	1634
Attorney Docket No.	022101-000800US

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number

20-1430

Deposit Account Name

Townsend and Townsend and Crew LLP

### The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 790	2001 395	Utility filing fee	
1002 350	2002 175	Design filing fee	
1003 550	2003 275	Plant filing fee	
1004 790	2004 395	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Fee from below			Fee Paid
	Extra Claims			
		X		
Independent Claims				
Multiple Dependent		X		

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1202 18	2202 9	Claims in excess of 20	
1201 88	2201 44	Independent claims in excess of 3	
1203 300	2203 150	Multiple dependent claim, if not paid	
1204 88	2204 44	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	430	2252	215
1253	980	2253	490
1254	1,530	2254	765
1255	2,080	2255	1,040
1401	340	2401	170
1402	340	2402	170
1403	300	2403	150
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,370	2501	685
1502	490	2502	245
1503	660	2503	330
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$1320)

SUBMITTED BY						Complete (if applicable)	
Name (Print/Type)	Jean M. Lockyer, Ph.D.	Registration No. (Attorney/Agent)	44,879	Telephone	415-576-0200		
Signature				Date	November 18, 2004		

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